St Gemma's Hospice

Quality Account

2025/26

St. Gemma's Hospice

Contents

Living Well with Hospice Support:

Jude's Story

Jude is living with terminal cancer and receives support from St Gemma's Hospice through both the Community Team and Outpatients Services. Her care is focused on managing symptoms, maintaining quality of life and providing emotional support, enabling her to remain as independent and comfortable as possible.

A Community Nurse visits Jude at home every fortnight to review her symptoms, assess her medication and discuss any concerns she may have. Between visits, Jude and her family have access to telephone support, providing reassurance that specialist advice is available whenever needed.

Jude describes this continuity of care as invaluable. She says: "Talking to someone at St Gemma's helps me. It takes a special person to do the work they do."

Alongside clinical support, Jude attends the Hospice for complementary therapies and wellbeing activities. These services have helped her manage the physical and emotional impact of living with a life-limiting illness. Jude also receives specialist nail care from the complementary therapy team.

> **"Just having my nails done in such a beautiful and supportive environment makes me feel like a different person," she says. "I can't go to a normal salon because my nails are so brittle, but Helen understands cancer patients. I trust her to take care of me completely."**

Reflecting on the support she receives, Jude says: "St Gemma's has been a lifeline for me. They understand what I am going through and they are always there for me."

Jude's experience highlights the importance of holistic hospice care that supports emotional wellbeing alongside physical health. Through regular community nursing visits, easy access to specialist advice and a range of supportive therapies, St Gemma's provides personalised care that helps people feel safe, understood and cared for. For Jude, knowing that support is available both at home and in the Hospice has made a significant difference to her quality of life.

> **Talking to someone at St Gemma's helps me. It takes a special person to do the work they do.**

Our Vision, Purpose and Values

Our Vision

The needs of people living with a terminal illness and those close to them are met with care, compassion and skill

Our Purpose

St Gemma's Hospice acknowledges the value of life and the importance of dignity in death. We provide and promote the highest quality palliative and end of life care, education and research

Our Values

Caring
Treating each person with kindness, empathy, compassion and respect

Aspiring
Continually learning and developing; striving for excellence in everything we do

Professional
Delivering high standards through team work, a skilled workforce and good governance

Statement on Quality from the Chief Executive

I am pleased to introduce you to the St Gemma's Hospice Quality Account for 2025/26.

Quality is the foundation of our strategy at St Gemma's. This Quality Account provides an overview of our clinical services, setting out our progress against quality improvement priorities for 2025/26 and quality ambitions in the year ahead. It also describes how we are funded, including how we are responding to system changes arising from the 10-Year Health Plan, and preparing for a move to formal contracts for our services from 1 April 2027.

Throughout 2025/26 our Academic Unit of Palliative Care (AUPC), a partnership with the University of Leeds, contributed to the development of knowledge and skills in palliative and end of life care through provision of specialist education to the wider health and social care system and research. Some data on training activity is contained in this report. More detailed information about the AUPC wider offer can be found in our Trustee's Report and Financial Statements 2025/26.

One of the six ambitions of the National Framework for local action on Palliative and End of Life care, is that everyone should have access to good end of life care regardless of who they are, where they live or the circumstances of their lives.

This aligns closely with the St Gemma's charitable objectives, to provide palliative care without regard to means, diagnosis, faith, race, gender, or any other protected characteristics. Whilst there is still some way to go until our patient ethnicity statistics match those of the city we serve, it is encouraging to see in this report, that the percentage of patients accessing our services from minority ethnic groups has increased in the last year, an indicator of the impact that our pro-active outreach into under-served communities to raise awareness and shape our services, detailed on pages 11 and 12. Our Inclusion Service for people who are homeless or vulnerably housed at end of life, page 23, continues to grow, now the subject of recurrent funding from the Integrated Care Board (ICB) reflecting the impact this service has on reducing demand in other parts of the Health system.

Overall service activity levels remain high, with Community Activity reaching its highest levels in 2025/26, aligning well with the ambition of the 10-year plan to deliver more care in peoples homes. New patient referrals fell slightly in the last year, however given the reduction in in-patient capacity for a limited period in Autumn 2025 for essential fire improvement works, this reflects continued strong performance. I am very proud of the whole team involved in managing the works, continuing to maintain high standards of care through the disruption, and planning and communicating the changes. We have continued to maintain our responsiveness to the needs of the people of Leeds, with 85% of patients referred to our In-Patient Unit being admitted within 24 hours.

2025/26 was a year of leadership changes, most significantly for Quality, being the retirement of Heather McClelland in December 2025 and the appointment of Charlotte Rock as Chief Nurse in February 2026.

We are very grateful to Catherine Malia and the rest of the Senior Nursing team for taking on additional responsibilities during the interim period, keeping the focus on quality of patient care and enabling us to make significant progress against our quality priorities for the year.

I am proud to present this Quality Account and confirm that to the best of my knowledge, the information reported in it is accurate and a fair representation of the quality of healthcare services provided by St Gemma's.

Laura Squire

Chief Executive

Statement of Assurance from the Board

As Chair of the Board of Trustees, I am pleased to introduce this year's Quality Account, which provides a clear and transparent overview of the quality of care delivered by St Gemma's Hospice during 2025/26.

This year has been one of continued progress and consolidation following a period of significant leadership transition. The Board has been encouraged by the stability and direction provided by our Chief Executive and Hospice Leadership Team, and we remain confident in the organisation's strong focus on quality, safety and compassionate care.

The Board receives regular assurance on quality through our Clinical and Academic Governance Committee. This includes detailed oversight of patient safety, clinical effectiveness, patient and family experience, workforce challenges and quality improvement activity. We are particularly encouraged by the continued development of systems that support learning from incidents and feedback, including the implementation of the Patient Safety Incident Response Framework (PSIRF).

We have also seen positive progress in improving access to Hospice care. The increase in the proportion of patients from diverse ethnic backgrounds, alongside the continued impact of the Inclusion Service, demonstrates a clear commitment to reducing health inequalities and reaching underserved communities.

Trustees continue to prioritise direct engagement with the Hospice through visits, conversations with staff and volunteers, and by hearing patient and family stories. These insights are invaluable in helping us understand the real impact of our services and ensure that care remains centred on what matters most to patients and those close to them.

The Board recognises the ongoing challenges facing the hospice sector, including increasing demand, workforce pressures and financial sustainability. We are committed to supporting the organisation to respond to these challenges while maintaining the highest standards of care.

We are pleased to endorse the quality improvement priorities for 2026/27, including strengthening clinical governance, improving accessibility through the Accessible Information Standard, and continuing to embed a culture of learning and continuous improvement.

On behalf of the Board, I would like to thank all staff and volunteers for their dedication and commitment. Their compassion, professionalism and expertise continue to make a meaningful difference to patients and families across Leeds.

I confirm that, to the best of the Board's knowledge, the information contained in this report is accurate and provides a fair representation of the quality of services provided by St Gemma's Hospice.

Lisa Hollidge

Chair of the Board of Trustees

Our Services

St Gemma's Hospice provides specialist palliative and end of life care for adults with active, progressive and advanced disease, supporting people with a wide range of conditions and their families. Our services are open to everyone, regardless of race, religion, gender, sexual orientation, age or diagnosis, with care centred on respect, choice and meeting each person's individual physical, emotional, social and spiritual needs.

Our palliative and end of life care services are provided by a multi-disciplinary team (MDT) comprising:

Support services work alongside the MDT to provide administration, cleaning, catering and laundry services.

Throughout the Quality Account, we use the term 'clinical' to refer to all the services and teams who provide direct patient and family care, which during 2025/26 were:

In-Patient Unit (IPU)

providing 24-hour specialist palliative and end of life care for up to 20 patients in individual rooms.

Outpatient Services

providing patients with extra support to manage symptoms and optimise quality of life, through a range of group activities.

Bereavement Services

working with families to provide both one-to-one and group bereavement support, including provision of a citywide children's bereavement service.

Community Services

providing specialist support and advice, usually in a patient's home or care home and extending to those who are homeless or in temporary housing. Services are delivered by the MDT described above.

The Academic Unit of Palliative Care at St Gemma's contributes to the development of knowledge and skills in palliative and end of life care through education and integrated research, linking closely with University of Leeds.

The Hospice is also a key member of the Leeds Palliative Care Network, which is a collaborative partnership of the key partners across Leeds working together to bring about system wide change and improvement in palliative and end of life care.

Our Funding

St Gemma's Hospice provides services free of charge to patients, families, friends and carers.

In 2025/26, the cost of delivering our services was £17.1M [2024/25, £16.3M], reflecting increase cost pressures in delivering specialist palliative and end of life care across Leeds and the surrounding area. NHS provision for palliative care is a statutory requirement under the Health and Care Act 2022. Our NHS core funding of £5.1M million represented approximately 30% of the total expenditure required to deliver our services. In addition, in 2025/26 we received £918,516, contribution to capital spending, our share of the £100M investment in hospices distributed by Hospice UK. This was a welcome boost, but was not recurring, time limited and restricted for use for capital projects, so does not impact on our day-to-day balance of income and expenditure.

The remaining funding is generously provided through donations, legacies, fundraising activities, retail income from our charity shops and other community-led initiatives. We are deeply grateful for the ongoing support of our local community, which continues to be essential in enabling us to deliver high-quality, compassionate care.

We continue to work closely with partners through the West Yorkshire Hospice Collaborative, alongside nine other local hospices, to advocate for more sustainable and equitable NHS funding for core and specialist palliative care services across the region. This collaborative approach is increasingly important as the number of people needing end of life care continues to rise and patient needs become more complex.

Through careful stewardship of our resources, and continued support from both the NHS and our community, we aim to remain responsive to the changing palliative and end of life care needs of local people while delivering safe, effective and compassionate care.

> **The total care not only for the patient, but for family members too was above and beyond. I have nothing but praise for all the staff at St Gemma's. Thank You.**
>
> PATIENT'S FAMILY

Clinical Compliance and Regulation - Care Quality Commission

Inspected and rated

Outstanding ☆

Care Quality Commission

Quality governance provides the framework to ensure safe, effective and high-quality care, helping organisations monitor and improve standards. St Gemma's Hospice is regulated by the Care Quality Commission (CQC) and continues to monitor performance against the five key standards: Safe, Effective, Caring, Responsive and Well-led. The Chief Nurse is the Registered Manager.

St Gemma's was rated outstanding by the CQC in November 2021. The Hospice completed a detailed review of progress against the 'Safe' standards, which was presented to the Board of Trustees in December 2025, while continuing to respond to the CQC's evolving assessment framework and strategic priorities. www.cqc.org.uk

Caring for Our Population in 2025/26

St Gemma's Hospice delivers compassionate, patient-centred care through a wide range of services that support individuals and families across Leeds. Our integrated approach ensures that most patients engage with multiple services, reflecting the complexity and continuity of care we provide.

Key highlights for 2025/26 include:

- An increasing proportion of patients from diverse ethnic communities are accessing our services, and around one third of our patients come from underserved communities reflecting our commitment to ensuring hospice care is accessible to all. While this demonstrates encouraging progress, we recognise there is still more to do and remain committed to reducing inequalities in access to specialist palliative care
- Access to our services for patients with non-malignant disease remains stable at 37%
- Although referrals to some services decreased slightly in certain areas over the last year, they have increased overall across the past three years. Service activity remains consistently high. Community Services delivered their highest level of activity in 2025/26, with almost 20,000 nursing and medical contacts recorded. Activity within the Inclusion Service also increased, reaching 1,865 contacts during the year
- A reduction in referrals runs counter to the expected impacts of the aging population and it is too early to determine whether this is a sustained trend. It may be attributable to continued pressures across the wider health and care system, alongside an increase in the complexity of patients requiring support and ongoing intervention. We continue to monitor activity and referral patterns closely and work with system partners to encourage appropriate, early, and timely referrals that meet the needs of the population we serve
- The Hospice maintained responsive access to In-Patient beds, with 85% of admissions occurring within 24 hours of referral despite temporary bed capacity reductions during fire safety improvement works
- Family Support, Therapy and Bereavement Services delivered substantial growth in patient and family contacts, reflecting increasing intensity and complexity of support needs
- Complementary Therapy contacts increased by 74% and Bereavement Service contacts increased by 24% since 2023/24, highlighting growing demand for holistic support services
- Outpatient wellbeing and symptom management services continued to expand, supporting patients to maintain independence and wellbeing within the community
- The Hospice trained 919 external healthcare professionals during 2025/26, sustaining strong education activity despite sector-wide workforce and training pressures.

Total New Referrals to Any Service

	2023/24	2024/25	2025/26	Percentage Change 2023/24 to 2025/26
New Patient Referrals to the Hospice	1,382	1,490	1,386	+3%
Percentage of Patients with a Non-Cancer Diagnosis	37%	37%	37%	No change
Percentage of Patients from Minority Ethnic Groups* Accessing Any Services	11.33%	11.34%	14.21%	+2.87%
Number of Patients from Underserved Groups Referred to Any Clinical Services (Index of Multiple Deprivations 1&2**)	470 (34%)	503 (34%)	404 (29%)***	

*Patients' ethnicity is recorded in line with Office for National Statistics (ONS) categories included: Mixed or Multiple ethnic groups; Asian, Asian British or Asian Welsh; Black, Black British, Black Welsh, Caribbean or African; and Other ethnic group.

**The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. It groups areas into deciles from 1 (most deprived) to 10 (least deprived), based on a range of living conditions.

***IMD definitions were updated in 2025, so comparisons with previous years should be treated with caution.

Engaging with Our Communities

While we recognise that we are not yet reaching everyone who could benefit from our care, our data shows encouraging progress in improving equity of access. In particular, the proportion of patients accessing our services from minority ethnic groups has increased from 11.33% in 2023/24 to 14.21% in 2025/26, reflecting the impact of our targeted engagement and outreach work.

We continue to review referral and activity data, including access for people from underserved communities and those living in areas of higher deprivation, to better understand where gaps remain. Although the proportion of referrals from the most deprived communities has reduced this year, this must be interpreted with caution due to national changes in IMD classification.

Reducing health inequalities remains a key organisational priority, and this is supported by the initiatives outlined in our Service Development section. In 2026/27, we will build on this progress by introducing Board-approved Key Performance Indicators (KPIs) to strengthen oversight, enabling us to more closely monitor trends and take targeted, evidence-based action to improve access for all communities.

In-Patient (IPU) Services

	2023/24	2024/25	2025/26
Admissions to In-Patient Unit*	503	536	507
Average % occupancy*	81%	82%	72%
Discharges (%)	121 (24%)	127 (24%)	99 (19%)
Average In-Patient Length of Stay (days)	11.9	11.2	10.2
Number of Student placements	174	184	139

*Note: bed capacity was reduced by approx. 30% (14/20 beds) during September/October 2025 for fire safety improvements.

We optimise timely and responsive access to our IPU beds through a seven-day-a-week admission coordination meeting delivered jointly with Sue Ryder Wheatfields Hospice and Leeds Teaching Hospitals NHS Trust. In 2025/26, 85% of patients were admitted within 24 hours of referral, helping to ensure patients receive specialist palliative care without unnecessary delay. We also provide a flexible urgent admission pathway, enabling admission to the IPU 24 hours a day, seven days a week, including direct admissions from the Emergency Department, supporting patients to avoid unnecessary hospital admission where appropriate.

During September and October 2025, In-Patient bed capacity was temporarily reduced while a programme of fire safety improvements were undertaken across the Hospice site in line with regulatory requirements. The work required the complete closure of each of our two wards in sequence. Prior to this period, occupancy levels had remained consistently high. Despite the temporary reduction in capacity, occupancy was maintained at well above 50% throughout this period, reflecting ongoing demand for services and effective operational management.

Following the restoration of full capacity, occupancy levels have risen but remained lower than anticipated. We are also seeing later referrals, fewer discharges and a shorter average length of stay. We are working closely with system partners to better understand the factors contributing to these changes and to identify actions that will support earlier referral, improve patient flow and ensure timely access to In-Patient specialist palliative care services.

Longer and extended placements were introduced for some students last year, supporting more sustained and immersive learning experiences. This and several other factors contributed to a reduction in student numbers over the year. These included temporary reductions in community placement capacity due to clinical staffing pressures, the cancellation of some overseas placements because of travel disruption associated with military action in the Middle East, and the introduction of extended placements for some students. Despite these challenges, feedback from students across all placements has remained highly positive.

Community Services

	2023/24	2024/25	2025/26	Percentage Change 2023/24 to 2025/26
Total Number of Patient Referrals	1,513	1,650	1,549	+2%
Community Nursing & Medical Contacts*	18,742	19,420	19,752	+5%
Other Multi-Disciplinary (MDT) Community Contacts*	5,917	5,880	6,095	+3%
Inclusion Service Contacts		1,446	1,865	+29%**

*Includes all face to face, telephone contacts with patient and/or carer and other professionals.
**Comparison of 2024/25 and 2025/26 only.

Service activity has remained strong and continues to grow, with Community Nursing, Medical and MDT contacts reaching their highest levels in 2025/26. While referrals reduced slightly from the previous year, they remained above 2023/24 levels, and Inclusion Service contacts increased substantially, demonstrating expanding reach and engagement across community services.

Our Supportive Therapy Teams

Our MDT supports all the services across the Hospice. Family support consists of Social Workers (SW), Spiritual Care and Bereavement services (adult and young persons). Therapy team includes our Allied Health Professionals: Physiotherapists, Occupational Therapists (OT) and Complementary Therapy.

	2023/24	2024/25	2025/26	Percentage Change 2023/24 to 2025/26
Total Number of Patient Referrals to Family Support Team (SW, Spiritual care only)	507	606	597	+18%
Number of Family Support Team Contacts (F2F and telephone)	2,478	3,469	3,722	+50%
Number of Referrals to Therapy Service (Physio, OT & Complementary Therapies)	1,543	1,552	1,408	-9%
Number of Therapy Service Contacts: Physio and OT	3,719	4,614	4,501	+21%
Number of Complementary Therapy contacts	1,115	1,816	1,940	+74%
Bereavement Referrals (Adult and Young Persons)	255	232	298	+17%
Bereavement Service Contacts (F2F and telephone)	2,033	1,869	2,517	+24%

Despite relatively stable referral numbers across most services, overall service activity has increased significantly between 2023/24 and 2025/26. The number of contacts delivered by Family Support, Therapy and Bereavement Services has grown substantially, indicating more intensive and sustained support for patients and families once they access services. Growth has been particularly notable within Complementary Therapies and Bereavement Services, reflecting increasing demand and complexity of need

Outpatient Services

In addition to Complementary Therapy services captured above, the Hospice provides a range of Outpatient wellbeing services both face to face and over the telephone to support community patients to focus on independence, wellbeing and support. There are weekly activities groups as well as dedicated focused symptom management services such as: 'BREEZE': a self-management programme for breathlessness, fatigue and anxiety virtually or 1:1 with our practitioners supported by a range of short educational videos.

	2023/24	2024/25	2025/26
Outpatient Group Contacts (F2F and telephone)			3,402

Training Statistics

External Training

The Academic Unit of Palliative Care (AUPC) is a partnership with the University of Leeds. It contributes to the development of knowledge and skills in palliative and end of life care through provision of specialist education to the wider health and social care system and research. More detailed information about the AUPC wider offer can be found in our Trustee's Report and Financial Statements 2025/26, published on our website.

	2023/24	2024/25	2025/26	Percentage Change 2023/24 to 2025/26
External Healthcare Professionals Trained	1,013	1,439	919	-9%

The number of external healthcare professionals trained during 2025–26 was lower than the previous year. This was due to a large, commissioned programme for General Practitioners through the TARGET initiative in 2024-25. 919 healthcare professionals were trained during 2025-26, remaining broadly in line with typical annual activity despite increasing pressures on training budgets and the growing challenge of releasing staff from clinical practice across the wider healthcare system to attend education programmes.

Internal Training

St Gemma's is committed to the continuing professional development of all our staff both in terms of regulatory compliance and to ensure a confident and knowledgeable workforce.

Total face-to-face training attendances
1,071

Total face-to-face internal training sessions delivered
56

Total staff attending external education/study leave
103

Overall mandatory training compliance
87%

We offer a comprehensive internal training programme to our staff including training sessions on communication skills, core clinical skills, symptom management, new starter welcome and information, Psychological and emotional care, project management and reflective discussion training.

In 2026 non-clinical internal education and training/workforce development will transfer to be based within the Hospice Talent Team within the People directorate to optimise development of our workforce. The AUPC will continue to retain responsibility for palliative and end of life care education, clinical skills training, and clinical placements.

Quality Improvement Priorities

Quality is a foundation of the Hospice Strategy. St Gemma's is committed to improving practice continually to ensure our services and the processes we use are effective, efficient and providing the best experience. To identify our priorities for quality improvement we:

- Review latest evidence-based practices
- Listen to patient, family and staff feedback
- Learn from incidents and complaints
- Use data to identify care access gaps, in collaboration with partners like the Leeds Palliative Care Network.

Progress against Priorities 2025/26

Priority action	Goal	Progress
NHS Patient Safety Incident Response Framework (PSIRF)	Align the Hospice's incident management and quality improvement programme with the NHS PSIRF to enhance safety, patient and family engagement and learning.	Finalised the Incident Policy and Incident Response Plan. Implemented management processes for all incidents. Implemented a combined learning log to bring together learning from all incident types, supporting a more systematic approach to quality improvement and organisational learning. Designed supporting systems and approaches such as weekly 'Quality Huddles' to improve ownership and oversight of all patient safety incidents to be implemented in 2026.
Reablement Project – Patient Experience	To maintain physical function and independence, improve psychological well-being, and streamline discharge planning through early rehabilitation (In-patient Unit).	26 patients have been enrolled since inception. Of these nine went home and one was discharged to a nursing home. Identified some barriers to progress programme such as a suitable outcome measure. Further advice has been sought from national expert forums.

Priority action	Goal	Progress
IPU Improvement Academy Project – Clinical Effectiveness	Improve safety and culture on the In-Patient Unit (IPU) using Quality Improvement (QI) methods.	Several Plan, Do, Study, Act (PDSA) cycles were undertaken to explore staff break patterns across shifts. Findings showed that while most staff were able to take breaks on early and night shifts, competing demands often prevented registered nurses from taking breaks on late shifts. Staff feedback helped identify the key challenges and impact of this. A trial introducing an additional registered nurse on late shifts to act as Nurse in Charge and provide break cover was completed. The results are being analysed, and recommendations will be shared with the Senior Nursing Team.

Priorities for 2026/27

Priority action	Goal	How
Reablement Project – Patient Experience	To embed learning and continue to develop the Reablement project within IPU.	Establish small project team in addition to Occupational Therapy including Physiotherapy and Health Care Assistant for each ward. Implement the identified outcome measure Goal Attainment Score (GAS-Light) with the identified patient group. Highlight the project in regular Health care Assistant study days and provide training on appropriate resources to support the project such as therapy equipment / Reminiscence Interactive Therapy activities and information on Outpatient groups and timetable.
Multi-Disciplinary Team (MDT)/Ward Round Review – Clinical Effectiveness	To review the MDT function and processes to ensure well led, safe and effective ward rounds and MDTs within the IPU.	Review current MDT and ward round processes. Agree priorities for improvement and develop an implementation plan. Measure and demonstrate improvements in patient outcomes, staff experience and service efficiency.

Priority action	Goal	How
Clinical Governance and PSIRF Implementation – Clinical Effectiveness	To ensure a robust clinical governance framework that supports the delivery of safe, effective, responsive and well-led services for patients and families.	To implement revised clinical governance framework which clarifies terms of reference and membership within each group in line with corporate governance process. Implement learning responses to incidents across all clinical services. Introduce a multidisciplinary Quality Huddle to support learning and harm reduction. Use learning from incidents to inform targeted quality improvement initiatives. Monitor effectiveness, review and adjust accordingly.
Establishment Genie – Clinical Effectiveness	To review, plan and adapt for safe and affordable staffing in line with national safer staffing guidance to ensure workforce compliance.	Complete IPU and Community Establishment Genie reviews and make recommendations for change. Implement agreed recommendations. Establish safe, effective and dynamic rostering within our clinical nursing services.
Accessible Information Standard (AIS) – Patient Experience	To ensure that care and information are accessible to all who use our Hospice services.	Establish and implement a consistent process for identifying and recording people's accessible information needs. Work with partners to ensure referral processes align with the AIS. Strengthen and standardise accessible communication methods across Hospice services. Evaluate the impact of changes made through audit.

Quality and Safety Reporting 2025/26

St Gemma's Hospice provides high-quality, safe and effective specialist palliative and end of life care through a personalised, patient-centred approach. We closely monitor performance using national and local Key Performance Indicators (KPIs), including patient safety, staffing, clinical activity and patient experience, to identify opportunities for improvement. Clinical quality and risks are regularly reviewed through our governance structures and reported to the Board of Trustees.

Clinical Incidents

St Gemma's Hospice promotes an open reporting culture to support patient and staff safety. All incidents and near misses are reported electronically, reviewed regularly, and used to drive learning, service improvement, and staff education. Serious incidents are shared with the Care Quality Commission (CQC). We also uphold the Duty of Candour by being open with patients and families and involving them in investigations where appropriate.

During 2025/26, we also adopted the Patient Safety Incident Response Framework (PSIRF), which supports a systems-based approach to incident management and strengthens organisational learning and patient safety culture. We are continuing to embed this approach across the organisation.

A total of 452 clinical incidents were reported and investigated (see table below) during 2025/26, with 87% being classed as low or no harm.

Incident Category	2023/24	2024/25	2025/26
Falls - All	45	50	41
Falls - Moderate+ Harm Only	2	2	3
Medicines Incidents - All	91	104	111
Medicines Incidents - Moderate+ Harm Only	4	1	1
Inherited Pressure Ulcers - All	213	193	202
Inherited Pressure Ulcers - Stage Three+ Harm only	66	60	49
Newly acquired Pressure Ulcers - All	130	95	92
Newly acquired Pressure Ulcers - Stage Three+ Harm only	18	8	7

Incident Category	2023/24	2024/25	2025/26
Safeguarding Incidents	7	6	14
Other Clinical Incidents	39	50	95
Information Governance Incidents	13	10	16
Total	464	406	452

A total of 95 'other' clinical incidents were recorded in the period reviewed. The majority of these 95 incidents were assessed as Low Harm (51 incidents, 54%), followed by No Harm (39 incidents, 41%), with a small number classified as Moderate Harm (5 incidents, 5%). Most incidents did not result in significant patient impact, although they highlight ongoing risks within areas such as equipment, communication, IT systems and operational processes. Risks are identified and managed effectively at an early stage, with appropriate actions taken to prevent escalation.

As per CQC notification requirements, all relevant incidents were appropriately reported. Each incident was fully investigated and any relevant findings shared with the CQC, patient's, families, and our clinical teams to promote learning.

Infection Prevention & Control (IPC)

The Head of In-Patient Care is the designated lead at St Gemma's for IPC and works with both the clinical and facilities teams to ensure we are aligned with national IPC standards and with IPC teams across the NHS. Audits are completed as per the national standard IPC guidance and results shared Hospice-wide, including being visible to patients and visitors within the In-Patient Unit (IPU).

The Hospice reported five IPC incidents during the year. In each case, appropriate infection prevention and control actions were taken promptly, including isolation measures, equipment removal and replacement, enhanced cleaning, and staff notification. No significant harm was reported.

Safeguarding

At St Gemma's Hospice, safeguarding is led by the Chief Nurse, with support from the Family Support Manager and Social Work Team. Safeguarding concerns are reported to local Adult Safeguarding teams and the CQC where required. Last year, 14 safeguarding incidents were reported across clinical services.

In 2026/27, we are strengthening our safeguarding approach through monthly assurance meetings, thematic reviews, and increased Level 4 safeguarding training for key staff.

> **Whenever I ring up or get a call, all my questions are always answered with additional help if needed.**

Clinical Effectiveness and Monitoring

Monthly patient safety and environmental audits are completed by the Senior Nursing, Therapy and Estates and Facilities teams to monitor essential standards. Uniform, hand hygiene and various documentation audits form part of a wider annual schedule managed by the Ward Sisters, with results shared in team meetings and monitored via our clinical KPI schedule within the clinical governance framework.

The Evidence Based Practice (EBP) group oversees a clinical audit programme. The EBP group chairs are working with the Quality and Governance Practitioner to improve the dissemination and implementation of learning from audits. The following audit reports have been submitted and circulated in 2025/26:

- Non-medical prescribing Community
- Non-medical prescribing IPU
- VTE re-audit in the IPU
- IPU Discharge letters
- ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) on the IPU.

Updated Clinical Guidelines

Clinical guidelines that have been reviewed and updated this year include:

- Hyperkalaemia management
- Subcutaneous fluid
- Assessment and Management of bleeding
- Guideline Management of Ascites.

> **Throughout his stay, Dad felt cared for, supported and comfortable. Questions were answered honestly and openly. We valued the opportunity for family members to have the twice weekly consultant visits.**
>
> PATIENT'S FAMILY

Freedom to Speak Up (FTSU)

We are committed to fostering a culture where staff feel safe and supported to raise concerns. Our FTSU approach is now well established, with two trained Guardians, nine Champions, an Executive Lead, and Board-level representation.

FTSU is embedded in staff induction, and we are training leaders to build a stronger culture of openness and psychological safety. Over the past year, staff have raised a range of concerns, all managed with care and confidentiality. We continue to promote speaking up as a core value, and all FTSU data is shared with the National Guardian's Office.

Workforce

The Hospice reports staff availability monthly to monitor the impact of long-term sickness, vacancy and maternity leave.

The Hospice is now using Establishment Genie, a data-driven tool for workforce analysis, benchmarking and planning. Teams (IPU, Community, Estates and Facilities and Medical workforce) have submitted data to evaluate their current workforce utilisation and alignment with service needs. This will be followed by a detailed review of care levels and staffing requirements, benchmarked against peer hospices.

Personalisation of Care

At St Gemma's Hospice, we provide personalised care centred on what matters most to each patient, involving families and creating meaningful moments where possible. Through Advance Care Planning, we support patients to make choices about their care and preferred place of death. Most patients achieve their Preferred Place of Death (PPD) and receive an individualised care plan in their final days. We also learn from cases where wishes are not fully achieved to continually improve the care we provide.

> **My uncle received a caring and loving service and respect in his last few days.**
>
> PATIENT'S FAMILY

Indicator	Location	2023/24	2024/25	2025/26
Number of patients achieving preferred place of death (where preferred place is recorded)	IPU	79%	83%	85%
	Community	81%	80%	79%
Number of patients with a personalised care plan for care of the dying	IPU	90%	85%	91%

Service Development

Adult and Young People's Bereavement Services

St Gemma's Hospice Bereavement Services support hundreds of adults, children and young people through one-to-one and group support, including Bereavement Cafés, Growing Around Grief and Express Yourself. Demand for services continues to grow, with additional volunteers recruited. The Young People's Service also provides specialist support through The Cabin, family events and weekly drop-in sessions for children, families and professionals

City-Wide Inclusion Service

Our Inclusion Service, improving care for homeless and vulnerably housed people at the end of life, makes a significant contribution to outcomes for patients and for the whole system. Data collected for patients in the Inclusion Service, over the past two years, shows:

- 95% reduction in Emergency Department attendance
- >98% reduction in hospital bed days
- 100% of patients having the opportunity to discuss their wishes for end -of- life care
- 85.43% of patients achieved their preferred place of death.

Although the population is small, this is strong evidence that a designated resource can have a substantial impact on outcomes citywide.

Reducing Health Inequalities: Community Engagement with the Pakistani Community

St Gemma's Hospice collects data on the people supported by its clinical services. While 4.2% of Leeds' population identify as being of Pakistani origin, only 1.2% of patients referred to the Hospice do so, highlighting an underserved community.

This project aims to raise awareness of palliative care and the services available in Leeds within the local Pakistani community, with the goal of improving access to St Gemma's Hospice services. Through community engagement, the Hospice also hopes to better understand the barriers to accessing palliative care and identify ways to address them.

Key highlights over 2025/26:

- Space on the IPU converted to create a new quiet space for prayer
- All contacts made during the project received a project update during Ramadan
- Worked with the Hospice Multi-Cultural Network group to plan an Eid celebration for staff
- Patient stories recorded and disseminated
- Discussions with Chief People Officer regarding provision of cultural competency training for staff
- Lota jugs purchased to be used for ablutions on the IPU.

Priorities in 2026/27 include further developing links with faith leaders via connection with local mosques.

Patient and Family Experience

Hearing about the experience of patients, service users and loved ones is key to understanding the quality of our services. It helps us to understand what is important to patients and families and to continuously improve our services. It also enables us to recognise and celebrate outstanding care. We also work to contribute to the wider healthcare system patient voice initiatives such as Healthwatch.

We collect data and feedback in a variety of ways:

- Ongoing: From bereaved families following In-Patient Unit (IPU) care and bereavement services
- Periodic: From specific services, such as community nursing or therapy teams, typically once or twice a year
- Event-based: Feedback from events and training (e.g. Growing Around Grief, Young People's Service events) to shape future activities.

iWantGreatCare

This year, the Hospice received 345 survey responses using the I Want Great Care (IWGC) platform.

Average Score: 4.94/5

Positive experience: 97.35%

5-star overall score: 4.86/5

All scores across each setting had improved overall. Common themes included:

- Dignity and Respect
- Feeling Listened To
- Kindness and Compassion
- Support for Families
- Excellent Quality of Care

In-Patient Unit

We received 178 responses from families of patients who died on the IPU via IWGC. The overall experience was rated 4.99/5.

Question	Moors Ward (n=106)	Dales Ward (n=74)
Staff were kind and caring	4.98	5
Confidence in staff (Trust)	4.95	4.97
Treated with dignity and respect	4.99	4.97
Received the right information	4.94	4.94
Involved in decisions	4.93	4.92
Satisfied with support	4.95	4.97
Overall rating of experience either good or very good	95%	96%

Community Team and Outpatients

Community Team received a total of 90 responses in their periodic review and outpatients received 9. The average score was 4.92/5 for community and 4.89/5 for outpatients.

Feedback included:

- Kind, caring and compassionate
- Holistic patient centred care
- Supportive
- Prompt responses and accessibility

Social Work

We received 15 responses in the review with an average score of 4.91/5. The feedback was a highly valued service for emotional and psychological support. Staff were praised for empathy, listening skills and creating trust.

Bereavement Service

We received 39 responses from people who accessed bereavement counselling. The average experience score was 4.94/5. All respondents:

- Had confidence in their counsellor (4.97)
- Felt listened to (5.0)
- Were treated with dignity and respect (5.0).
- Some feedback suggested a desire for more sessions, consideration of bereavement support at alternative setting although many acknowledged the pressures on the service.

> **The love, care and support showed towards the patient was overwhelming by all staff members. We will be forever grateful to St Gemmas. You all should be very proud of the excellent service you deliver.**
>
> PATIENT'S FAMILY

Feedback outside IWGC

Alongside feedback from IWGC platform, compliments are received via a variety of methods: letters, cards, emails, social media sites and collated.

"My Father was taken into St Gemma's for the final five days of his life and was treated with the upmost dignity. He was involved in all his treatment whilst able to be and as his family we were given the same respect and care shown to my Father. We were once more a family and no longer carers."

"What a wonderful job you all do."

"Life rarely gives us the gift of meeting someone truly special, someone whose presence leaves a lasting imprint on one's heart. Thank you for being that person. Your kindness and support will stay in my memory for a long time."

"I really cannot thank you enough. You have been amazing!! Thank you for all your support, for listening and most of all caring."

"You are another wonderful part of a wonderful organisation, and I will keep on trying to do my bit so others can have the benefits my family and I have felt."

"The coping around grief course & the cafe have played a big part in helping me understand and learn to live without my dad and I am very thankful for the opportunity to have met you all."

Complaints

In 2025/26 the Hospice received five clinical complaints, of which three were upheld, and five comments. Key themes included: concerns about communication, expectations of service, concerns about a specific member of staff, symptoms at the end of life and one safeguarding. In each case, senior staff worked with the person making the complaint or comment to understand and resolve issues as quickly as possible.

In 2026/27, we hope to improve our recording systems further and implement use of electronic systems to capture all complaints, comments and compliments received.

Improvement Register

During 2025/26 we captured 19 improvement comments through the feedback platform, generating themes which are consistent with the findings from complaints and concerns:

- Communication around the final stages of life
- Communication with families during In-Patient stays and language barriers in community
- Clarity on admissions and discharges
- Environmental concerns (e.g. access to garden, noise)
- Flexibility in timings of outpatient groups.

This year's feedback has led to learning around clearer communication, especially during discharge, end of life care and family updates. It has reinforced the need to offer interpreter support early, provide flexible bereavement support, and ensure correspondence after death is handled sensitively. Feedback has also strengthened how learning is shared, with themes reviewed by service leads and escalated through senior clinical and quality meetings so actions can be agreed and embedded.

We continue to monitor the feedback programme to ensure it has impact and represents the voice of all service users.

> **I could not have been in better hands. The support, care, understanding, empathy and compassion that I received was second to none. My counsellor was able to help me see reason where I could not, to remain calm when I needed to and above all assisted me to be able to cope and express my feelings when I needed to. From tears to laughter - I cannot thank her enough.**
>
> SERVICE USER

Statement from the NHS West Yorkshire Integrated Care Board in Leeds

The West Yorkshire Integrated Care Board welcomes the opportunity to review St Gemma's Hospice's Quality Account for 2025/26 and is pleased to provide this statement in support of its publication.

The Quality Account demonstrates St Gemma's continued commitment to delivering safe, effective and compassionate specialist palliative and end of life care for the people of Leeds. Throughout a year characterised by increasing demand, financial pressures, leadership transition and temporary reductions in inpatient capacity to facilitate essential estate improvements, the Hospice has maintained a strong focus on quality, patient safety and experience.

The ICB is encouraged by the Hospice's continued emphasis on person-centred care, reflected in consistently excellent patient and family feedback across inpatient, community and bereavement services. The report also evidences a mature approach to quality improvement through the implementation of the Patient Safety Incident Response Framework (PSIRF), strengthening clinical governance arrangements and embedding a culture of learning from incidents, complaints and patient feedback.

We particularly welcome the Hospice's continued commitment to reducing health inequalities. The increased access to services for people from minority ethnic communities, the ongoing development of the Inclusion Service for people experiencing homelessness or insecure housing, and proactive engagement with underserved communities demonstrate a strong commitment to improving equitable access to high-quality palliative and end of life care. These initiatives align closely with the ambitions of the West Yorkshire Integrated Care System and the NHS 10-Year Health Plan.

St Gemma's continues to play a significant leadership role across the Leeds health and care system through its education, research and collaborative working. Its contribution to workforce development, partnership working through the Leeds Palliative Care Network, and support for wider system learning are important strengths that benefit patients across the city.

The priorities identified for 2026/27 are appropriate and reflect a clear understanding of the opportunities for further improvement. In particular, the continued focus on strengthening clinical governance, embedding PSIRF, implementing the Accessible Information Standard, improving multidisciplinary working and ensuring sustainable workforce planning will support the Hospice in maintaining high-quality services while responding to future demand.

West Yorkshire Integrated Care Board looks forward to continuing to work closely with St Gemma's Hospice and our wider partners across Leeds to improve access, reduce health inequalities and deliver high-quality, compassionate palliative and end of life care for the population we serve.

Yours Sincerely

Sarah Wighton

Associate Director of Nursing and Quality

West Yorkshire Integrated Care Board

On 1 July 2022, individual clinical commissioning groups (CCGs) were replaced by integrated care boards (ICBs). ICBs are now responsible for planning and buying (commissioning) NHS services. They work at a regional level to help join up services and delegate some funding and decisions to local places, such as Leeds.

Statement from Healthwatch Leeds

Thank you for the opportunity to comment on St Gemma's Hospice's Quality Account for 2025-26.

St Gemma's Hospice continues to be a committed partner in citywide work focused on improving people's experiences of health and care services, including the 'How Does It Feel For Me?' programme. We are grateful for the Hospice's ongoing contribution to this work and look forward to strengthening this relationship further. We would also welcome opportunities to see the continued embedding of the 3Cs (Communication, Coordination and Compassion) across quality improvement activity and reporting, building on what is already clearly evident in the care and support described throughout the report.

In this Quality Account there is strong evidence of the Hospice's commitment to listening to and acting on people's, families and carer's feedback. The dedicated sections on people's experiences, alongside the use of feedback quotes, complaints information and improvement themes, demonstrates a genuine commitment to personalised care and continuous learning. It is particularly positive to see the use of an Improvement Register and examples of how feedback relating to communication, use of interpreters, bereavement support and access to services is informing future improvements.

A particular strength of this year's Quality Account is its focus on reducing health inequalities and improving access to hospice care. It is encouraging to see clear evidence of action being taken to connect with communities that are often under-represented or under-served, including the continued development of the Inclusion Service, activity to improve access for people from ethnically diverse communities, and targeted work with the Pakistani community. The reported increase in the proportion of people from ethnically diverse communities accessing services is encouraging, whilst recognising that further progress is still required. The planned introduction of additional oversight measures and continued community engagement activity provides confidence that this work will remain a clear priority.

The Inclusion Service continues to be an excellent example of person-centred care and partnership working, helping to improve experiences and outcomes for people who are homeless or vulnerably housed at the end of life. The outcomes reported demonstrate the significant difference that targeted and proactive support can make, both for people and for the wider health and care system. Future accounts could build on this by including more short case studies showing how engaging with communities has directly resulted in changes to services or improved access.

It is also positive to see the Hospice's continued commitment to learning, quality improvement and safety through the implementation of the Patient Safety Incident Response Framework (PSIRF), investment in workforce development and safeguarding, and plans to strengthen implementation of the Accessible Information Standard. The Hospice's openness to reporting areas for improvement alongside achievements reinforces confidence in its quality culture.

The Quality Account is well presented, visually engaging and easy to navigate which makes it more accessible for the public. The use of people's stories, case studies, data and people's feedback helps bring the report to life and demonstrates the impact of the Hospice's work. In our view, this is one of the most accessible Quality Accounts we have reviewed this year. While the imagery throughout the report is welcoming and inclusive, consideration could be given to ensure that future Accounts more visibly reflect the diversity of the communities served by the Hospice.

Overall, this is an excellent Quality Account which demonstrates St Gemma's Hospice's commitment to providing compassionate, high-quality and personalised care. The report clearly shows how feedback from people, families, carers, and communities is valued and used to drive improvement alongside a strong commitment to reducing inequalities in access to care. We look forward to continuing to work closely with St Gemma's Hospice during 2026-27 and beyond to ensure that people's voices remain at the health of its delivery and development.

From the moment Mum was admitted we all felt she was in a safe and caring environment. The care Mum was given from the cleaning staff, catering staff, nurses and doctors was just perfect.

She was treated with dignity at all times. Everybody was so incredibly upbeat whilst also showing such compassion for us all and we thank each and everyone one of you for making Mum's last few weeks so comfortable, you are all amazing.

PATIENT'S FAMILY

For further information about this Quality Account please contact the Chief Nurse or the Chief Executive at St Gemma's Hospice (0113 218 5500)

St Gemma's Hospice is a local, independent charity, providing expert medical and nursing care to thousands of local people every year – all free of charge to patients and their families.

If you would like more information about our work, please contact us

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